Nurturing Children in Early Childhood

Family as unit for Developing Person
- Families teach values & appropriate behavior, foster self concept/self esteem
- Each critical period in a child’s life reactivates a critical period in the parent
- Culture, family structure/style strongly influence how children develop
- Boundaries between parent/child & caretaker/child important

Variables ~ adult/child interactions
- responses to learning styles and opportunities
- spontaneity of child
- ordinal position and sex of child
- how parents were parented
- type of family
  - single parent, traditional, blended, same sex parent
‘good’ families...
- Provide for physical, emotional, social and spiritual needs
- Listen and communicate effectively
- Provide trust, support, security, affirmation, encouragement
- Demonstrate mutual respect for family and others
- Able to grow with as well as through children
- Perform roles flexibly and share responsibility

Murray & Zentner (7th ed), p. 201

Factors ~ G&D...
- biology, genetics, environment, biochemical & neurophysiological factors, sex differences
  - predictable, sequential patterns but variable timing
- behavioral
  - S-R bonding, readiness, conditioning, behavior mod
- ego adaptive/defense mechanisms
  - psychoanalytic focus, developmental ‘tasks’
- cognition & morality
  - staged levels not always related to chronology

crisis
- developmental vs accidental
  - expected vs unexpected
- a state where existing coping mechanisms do not work
- human do not tolerate crisis, so must develop new coping mechanisms
- Selye, Gerald Caplan, Holmes & Rahe
  Betty Neuman
• Childbearing, childrearing, marriage, aging, retirement, loss of spouse/partner, grandparenthood - all examples of developmental crises
• how people cope depends on various factors
  – perception of event, physical and emotional status, level of maturity, previous experience with similar situations, culture, realistic aspects of current crisis, availability and response of support systems: family, friends, community

Getting started on a positive pathway: everybody needs a buddy...

Important components for positive outcomes
• prenatal care
• childbirth education
• 'normal' birth experience
• strong relationship with pediatric provider
• support systems
Prenatal care...

- EVIDENCE BASED!!!!

- Huge number of ‘old wives tales’ and biased assumptions even among those who are not ‘old wives’

Childbirth education

- Eclectic
  - present range of possible/acceptable behaviors
- support of process of pregnancy & childbirth
  - management of uncontrollable interventions
- include information about becoming parents and nurturing infants

‘normal birth’

- as ‘non-intervention’ as possible
- pregnancy, labor and delivery are not an illness
- tailor to individual preferences
Relationship with pediatric provider

• establish prenatally if possible
• need level of comfort that allows free access
• strong sense of trust
• willingness to seek and adhere to anticipatory guidance, especially in first year

Variables that affect nurturant behaviors

• In parent
  – stress/emotional state, method of delivery, resolution of birth that was, degree of maturity, finances
• In child
  – anoxia/LBW, nutrition, environment, vulnerability, ability of caretaker to understand ‘normal’ bizarre behaviors
• In both
  – culture, separation

support

• Everybody needs it, especially first time parents…

[Image of a parent and child]
Nurturing needs in Infancy

• Nurturing/parenting is learned behavior
• ALL new parents need to be nurtured to be able to nurture

I need…

• a consistent caretaker - ? Mom ? Dad ? Nannie
• touch, cuddling, comforting, ‘unconditional love’
• bonding (not intuitive, develops over time)
• to be fed - breast is best but I can tolerate bottles…
• to have my growth and development progress understood, especially in my first year

risks, problems

• consistent difficulty providing basics
• no signs of attachment
  – doesn’t call by name, no joy in caring for child
  – not concerned for or aware of safety issues
  – disgusted by infant’s bodily functions
  – not responsive to infant’s non-verbal communication
  – doesn’t hold baby
Nursing interventions

- talk to parents and baby by name
- ask about well-being of parent before asking about child
- positively reinforce good/safe parenting behaviors
- comment on how baby ‘knows’ parents
- provide anticipatory guidance

After infancy - months 2-6 +/-

- neuromuscular development
  - cephalocaudal, midline to periphery; myelinization; ‘top half’ of body
- teething
- solid foods
- immunizations
- increased social interests
- safety issues

6 months - 12 +/- months

- neuromuscular development continues…
  - myelinization continues to lower part of body - sitting, creeping, crawling, standing, cruising, walking
  - eye-hand coordination becomes more precise
- development of 3 dimensional vision
  - watch out for anything on the floor….
- increasing vocalization
  - language acquisition
- may exhibit ‘stranger anxiety’
  - prefers primary caretakers
Stimulating development

• Gradual replacement of reflexive behavior with voluntary
• providing an environment which allows infant opportunity to ‘learn’ new skills
  – capitalize on behaviors that evolve together
  – encourage vocalization
  – appropriate toys

danger signs in caretaker/parent

• ignores baby
• can’t talk about feelings or concerns
• little effort to learn how to care for baby
• reluctant to hold/comfort/talk to baby
• refers to baby as ‘it’ or does not give name
• no support system
• refuses or won’t accept help
• misinterprets or exaggerates information about baby

Raising SuperChild

• belief that ‘better than anyone else’ is best
• earlier is better
• time should be programmed and organized from the very beginning - idleness is bad
• more is better
  • NOT!!!
• Competitiveness, materialism and brutality lead to burnt out adolescents...
The Abercrombies

The Abercrombies…?

The Abercrombies…?
Toddlerhood

- Are you ready???

Toddlers...

- somewhere after infancy and before preschool
- first experience with autonomy, ‘me’
  - attachment and separation
- slowing of rapid neuromuscular growth; increase in refinement and further development
- language- begins ‘meaningful social control,’ expresses wishes
- intense interest in world around him/herself
  - but absolutely no judgment...

Risks

- parents/caretaker will not understand normal behavior
  - increased physicality, temper tantrums, decreased appetite, definitive likes and dislikes, dawdling, ritualistic, ‘me do it’
- safety needs- very prone to accidents
  - not only falls/auto accidents but also poisoning
- ‘forced’ cognitive development
  - can create an environment where children can learn but can’t ‘make’ them learn
Needs

• opportunity for safe exploration of environment
  – doesn’t understand cause and effect - yet - ‘does’ to learn

• free play options
  – will play ‘next to’ but not necessarily ‘with’ other kids
  – play is the work of little children

• regular routine
  – provides a sense of structure, appeals to ritualism

• ‘loving firmness’
  – somebody better be in charge here or it’s too scary

anticipatory guidance

• look and listen : tune into child’s cues
• have realistic expectations for behavior
• provide a safe environment where the child can explore, talk, learn, play
• handle temper tantrums with compassion
• food doesn’t have to be an issue- s/he won’t starve
• punishment vs. discipline
• this too will pass...
Special issues for toddlers

• toilet training
  – can’t do physically until can walk well
  – act of ‘supreme love’
• sexuality
  – exploration does not mean perversion
  – identifying differences does not mean understanding
• body image
  – an important part of self esteem
  – easy to foster ‘shame and doubt’

Danger signs

• passive, apathetic
• overly aggressive and/or impulsive
• sneaky
• hoarding
• super messy or super neat
• calls self ‘bad’

Preschoolers...
Preschoolers are

• ‘more’ than toddlers
  – coordinated, verbal, participatory
• roughly 3-5 years old
  – ‘preddlers’
• look like ‘little adults’ but aren’t
  – proportion changes, about 1/2 adult height
• can’t distinguish fact from fantasy accurately

Needs

• ‘healthful’ daily routine
• opportunity to continue to master and develop neuromuscular skills
• be a participating member of a family
• communicate effectively
• initiative tempered with conscience
• begin to understand ethical, spiritual and philosophical concepts and ideas

Risks

• siblings
  – regression
• change in family structure
  – divorce, moves
• abuse
  – physical and especially sexual
• negative self image
  – emerging conscience extremely ‘strict’ - self blame
• illness
  – increased group contacts
Special issues for preschoolers

- **language**
  - very verbal but ‘logic’ isn’t really: don’t laugh
- **sexuality**
  - intensely interested in; more than ‘haves’ and ‘have nots’ - answer what’s asked
- **differing sources of authority**
  - home vs. day care/nursery school
- **play**
  - acts out how s/he feels

Danger signs

- excessive regression
- changes in eating and elimination patterns
- excessive fears
- temper tantrums, irritability
- lack of interest in play, peers
- inability to separate from primary caretaker
- ‘defeated,’ guilty about self
Anticipatory guidance

- Listen!
- Realistic expectations of behavior
- Recognize the importance of play and what it reveals about how children think
- Encourage initiative—praise for successful attempts
- Emerging sexuality is positive
- Teach safe behaviors
The Donovans…?

Take home message

- ALL children need to be loved and nurtured
- successful nurturing comes from having experienced it personally
- successful nurturing comes from understanding specific developmental characteristics, especially in early childhood
- simple interventions make a big difference in a crisis situation